

Filing at a Glance

Company: National American Insurance Company

Product Name: Commercial Automobile

TOI: 20.0 Commerical Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: NTAC-125236189 State: Arkansas

SERFF Status: Closed

State Tr Num: AR-PC-07-025611

Co Tr Num: NAIC-CA-AR-2007-01-

F

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Jennifer Carr

Disposition Date: 08-01-2007

Date Submitted: 07-27-2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 08-01-2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 08-01-
2007

General Information

Project Name: Auto Forms

Project Number: NAIC-CA-AR-2007-01-F

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 08-01-2007

State Status Changed: 07-27-2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

The Company is submitting this filing to add new and revised endorsements applicable to commercial automobile policies. Please see the memorandum for additional details.

Company and Contact

Filing Contact Information

Jennifer Carr, Rate and Form Analyst

1010 Manvel Avenue

Chandler, OK 74834

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(800) 822-7802 [Phone]

(405) 258-4520[FAX]

Filing Company Information

National American Insurance Company

1010 Manvel Avenue

Chandler, OK 74834

(800) 822-7802 ext. 4486[Phone]

CoCode: 23663

Group Code:

Group Name: None

FEIN Number: 47-0247300

State of Domicile: Oklahoma

Company Type: Property &
Casualty

State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00183615	\$50.00	07-27-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08-01-2007	08-01-2007

Disposition

Disposition Date: 08-01-2007

Effective Date (New): 08-01-2007

Effective Date (Renewal): 08-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum & Forms List	Approved	Yes
Supporting Document	Highlighted Forms	Approved	Yes
Form	Policy Changes - Physical Damage Deductible	Approved	Yes
Form	Additional Insured Endorsement	Approved	Yes
Form	Loss Payee	Approved	Yes
Form	Physical Damage Premium To Value Endorsement	Approved	Yes
Form	Truckers Declarations	Approved	Yes
Form	Motor Carrier Declarations	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy Changes - Physical Damage Deductible	NAICO-24	5/2007	Endorsement/New Amendment/Conditions		0.00	NAICO-24 5-2007.pdf
Approved	Additional Insured Endorsement	NAICO-25	5/2007	Endorsement/New Amendment/Conditions		0.00	NAICO-25 5-2007.pdf
Approved	Loss Payee	NAICO-27	6/2007	Endorsement/New Amendment/Conditions		0.00	NAICO-27 6-2007.pdf
Approved	Physical Damage Premium To Value Endorsement	NA0021	6/2007	Endorsement/Replacement/Amendment/Conditions	NA0021 (Ed. 2/2006)	0.00	NA0021 6-2007.pdf
Approved	Truckers Declarations	CA DC 14	6/2007	Declaration Replacement/Schedule	CA DC 14 (Ed. 3/2006)	0.00	CA DC 14 6-2007.pdf
Approved	Motor Carrier Declarations	CA DC 21	6/2007	Declaration Replacement/Schedule	CA DC 21 (Ed. 3/2006)	0.00	CA DC 21 6-2007.pdf

NATIONAL AMERICAN INSURANCE COMPANY
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
POLICY CHANGES - PHYSICAL DAMAGE DEDUCTIBLE

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

It is hereby understood and agreed the applicable physical damage deductibles apply to all covered causes of loss, including fire and lightning.

NATIONAL AMERICAN INSURANCE COMPANY
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

NAMED INSURED:

ENDORSEMENT NO.:

POLICY NUMBER:

ISSUE DATE:

SCHEDULE

Name of Person or Organization:

To the extent that the person(s) or organization(s) shown in the schedule is liable for the conduct of an "insured" arising out of the ownership, maintenance or use of a covered auto under the above policy, they are also "insureds" but only to the extent of that liability."

All other terms and conditions of this policy remain unchanged.

NATIONAL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

In consideration of the premium charged, we agree with you that the following Loss Payee is ADDED to and forms a part of this policy:

NATIONAL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PHYSICAL DAMAGE
PREMIUM TO VALUE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

We agree that \$_____ is the total value of all your "autos". You may amend the total value by adding or deleting "autos" at any time, showing this change in value in your next report which is to be submitted on the fifteenth (15th) day of the following month. The total value of all of your scheduled "autos" should be determined at the close of the last business day of each month. Short term rentals less than thirty (30) days should be on a pro rata basis.

It is further agreed that the earned premium for this coverage will be computed monthly by applying a monthly rate of _____ per \$100.00 of value to the amount of values of all covered "autos" at the close of the last business day of each month.

We agreed that you will pay to us, upon delivery of the policy, the deposit amount as specified below. You will be given credit for the deposit when the full earned premium, during the life of the policy, is determined in accordance with the audit provisions of this policy.

DEPOSIT \$ _____

REPORTING PERIOD:

- ☐ Monthly
- ☐ Quarterly
- ☐ Annual

TRUCKERS DECLARATIONS**NATIONAL AMERICAN INSURANCE COMPANY****Policy No.**A Capital Stock Company
1010 Manvel Avenue
Chandler, Oklahoma 74834
1-800-822-7802**PREVIOUS POLICY NUMBER****ITEM ONE -****Named Insured and Mailing Address****Producer's Name and Mailing Address****Policy Period** From _____
mailing address shown above.

to

at 12:01 A. M. Standard Time at your

Form of Business:☐ Individual☐ Partnership☐ Corporation☐ Limited Liability Company☐ Other _____IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception: \$

AUDIT PERIOD (IF APPLICABLE)		ANNUALLY		SEMI-ANNUALLY		QUARTERLY		MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:**IL 0017 - Common Policy Conditions (IL 01 46 in Washington)****IL 0021 - Broad Form Nuclear Exclusion (Not Applicable in New York)**

COUNTERSIGNED _____
(Date)BY _____
(Authorized Representative)

POLICY NUMBER:**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
		PREMIUM FOR ENDORSEMENTS	\$
		*ESTIMATED TOTAL PREMIUM	\$

*This policy may be subject to final audit.

POLICY NUMBER:

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

DESCRIPTION		PURCHASED		TERRITORY	
Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number(S) Vehicle Identification Number (VIN)	Original Cost New	Actual Cost New (N) Or Used (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Covered Auto No.	CLASSIFICATION							Except For Towing All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.	
	Radius of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		Code
					Liab.	Phy. Dam.			

COVERAGES -PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROP. PROT. (Mich. Only)	
	Limit*	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$	\$		\$

Covered Auto No.	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Endorsement For Each Person	Premium
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium		\$		\$

Covered Auto No.	UNINSURED MOTORIST		UNDERINSURED MOTORISTS	
	Limit*	Premium	Limit*	Premium
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium		\$		\$

Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$		\$

*Split limits are presented in thousands of dollars.

POLICY NUMBER:

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR TRUCKING OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
\$		\$		\$
LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR TRUCKING OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is Primary)	PREMIUM
		\$	\$	\$
TOTAL PREMIUM				\$
LIABILITY COVERAGE - RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT - RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
		\$		\$
TOTAL PREMIUM				\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE - THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by a lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

POLICY NUMBER:

ITEM FIVE
SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number of Partners		\$
TOTAL PREMIUMS		\$

ITEM SIX
TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO	\$	\$
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION		\$	\$
TOTAL PREMIUM			\$

ITEM SEVEN
SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES OR TOTAL UNITS RATING BASIS - LIABILITY COVERAGE

GROSS RECEIPTS / TOTAL MILES / TOTAL UNITS BASIS			
	<input type="checkbox"/> Receipts <input type="checkbox"/> Miles <input type="checkbox"/> Units	Rate	Premium
1) Total "gross receipts" or "total miles" or "total units" from owned equipment			
2) Total "gross receipts" or "total miles" or "total units" from equipment leased "from others"			
3) 15% of "gross receipts" or "total miles" or "total units" from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below			
4) Total "gross receipts", "total miles", or "total units"			
TOTAL PREMIUM			\$
MINIMUM %			MINIMUM PREMIUM \$

Reporting Period: ____ Monthly ____ Quarterly ____ Annual
Premium Payment Basis: ____ Monthly ____ Quarterly ____ Annual

5. *NOTE - VERY IMPORTANT - 15% applies only if you have the following documents:
1. A written contract requiring the lessee to provide the primary insurance; and
 2. A written hold harmless agreement from the lessee to your benefit; and
 3. A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from a U.S. admitted insurance carrier with an A.M. Best rating of A-VII or better; and
 4. An additional insured endorsement from the lessee insurance carrier issued to your benefit.

When used as a premium basis:

"Gross Receipts" means the total amount to which the Named Insured is entitled for the shipment or transportation of property during the policy period, whether the shipment originates with the Named Insured or other carrier. It shall include the total amount received from the rental of automobiles, with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "Gross Receipts" shall include only fifteen percent (15%) of the total amount received from such rental of automobiles. Such other carrier shall not be deemed to have provided primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. the lessee provides evidence of an additional insured endorsement issued for your benefit.

"Gross Receipts" does not include (1) the amount which the Named Insured pays to railroads, steamship lines, airlines and other interline connecting motor carriers operating under their own state or federal permits; or (2) direct taxes on the shipper which the Named Insured collects as a separate item and remits directly to a governmental division; or (3) C.O.D. collections for cost of merchandise including collection fees; or (4) warehouse storage charges; or (5) advertising revenue.

"Total Miles" means the mileage, live and dead, of all covered automobiles operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all mileage from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "total miles" shall include only fifteen percent (15%) of the "total miles" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Total Units" means the number of units operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all units from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carriers, "total units" shall include only fifteen percent (15%) of the "total units" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and

- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

When to Report

Your reports will be due by the 15th of the month following the end of a reporting period. Your report should include the last business day of each reporting period. For example, if you report monthly, your reports are due on the 15th day of the following month.

How We Will Adjust Your Premium

Premiums for the reporting period will be determined by the information you report and the rates and minimum premiums we have agreed to. After the ending date of your policy, we will have the right to audit your records to determine the actual premium we have earned. If our earned premium is less than what you have paid, we will return the difference. If it is more, you agree to pay us the balance. But you will not pay less than the Minimum Premium shown.

NATIONAL AMERICAN INSURANCE COMPANY
1010 Manvel Avenue, Chandler, Oklahoma 74834

MOTOR CARRIER DECLARATIONS

POLICY NO.:

PRODUCER:

PREVIOUS POLICY NO.:

ITEM ONE

NAMED INSURED AND MAILING ADDRESS:

POLICY PERIOD: From _____ to _____
at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS:

☐ **CORPORATION** ☐ **LIMITED LIABILITY COMPANY** ☐ **INDIVIDUAL**

☐ **PARTNERSHIP** ☐ **OTHER** _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception: \$

AUDIT PERIOD (IF APPLICABLE)	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 - Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 - Broad Form Nuclear Exclusion (Not Applicable in New York)

COUNTERSIGNED

BY

(Date)

(Authorized Representative)

ITEM TWO
SCHEDULE OF COVERAGES AND COVERED AUTOS

Policy Number:

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form next to the name of the coverage.**

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When Not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OR REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	
PREMIUM FOR ENDORSEMENTS			\$
*ESTIMATED TOTAL PREMIUM			\$

* This policy may be subject to final audit.

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION					PURCHASED		TERRITORY	
Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number(S) Vehicle Identification Number (VIN)					Original Cost New	Actual Cost New (N) Or Used (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
						\$	\$		
						\$	\$		
						\$	\$		
						\$	\$		
Covered Auto No.	CLASSIFICATION							Except For Towing All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.	
	Radius of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		
					Liab.	Phy. Dam.			
COVERAGES -PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)									
Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.		PROP. PROT. INS. (Mi Only)		
	Limit*	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium		
	\$	\$	\$	\$	\$	\$	\$		\$
	\$	\$	\$	\$	\$	\$	\$		\$
	\$	\$	\$	\$	\$	\$	\$		\$
	\$	\$	\$	\$	\$	\$	\$		\$
Total Premium		\$		\$	\$				\$
Covered Auto No.	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)						
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Benefits End. For Each Person			Premium			
	\$	\$	\$			\$			
	\$	\$	\$			\$			
	\$	\$	\$			\$			
	\$	\$	\$			\$			
Total Premium		\$				\$			
Covered Auto No.	UNINSURED MOTORIST			UNDERINSURED MOTORISTS					
	Limit*	Premium		Limit*	Premium				
	\$	\$		\$	\$				
	\$	\$		\$	\$				
	\$	\$		\$	\$				
	\$	\$		\$	\$				
Total Premium		\$			\$				
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR		
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	
Total Premium		\$		\$		\$		\$	

*Split limits are presented in thousands of dollars.

ITEM FOUR**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR MOTOR CARRIER OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
\$		\$		\$
LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liab. Cov. is Primary)	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$
LIABILITY COVERAGE - RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT - RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
	\$			\$
TOTAL PREMIUM				\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE
SCHEDULE FOR NON-OWNERSHIP LIABILITY

POLICY NUMBER:

RATING BASIS	NUMBER	PREMIUM
Number of Employees		\$
Number of Partners		\$
TOTAL PREMIUM		\$

ITEM SIX
TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO	\$	\$
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION		\$	\$
TOTAL PREMIUM			\$

ITEM SEVEN
SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES OR TOTAL UNITS RATING BASIS - LIABILITY COVERAGE

GROSS RECEIPTS / TOTAL MILES / TOTAL UNITS BASIS				
	<input type="checkbox"/> Receipts <input type="checkbox"/> Miles <input type="checkbox"/> Units	Rate	Premium	
1) Total "gross receipts", "total miles", or "total units" from owned equipment				
2) Total "gross receipts", "total miles", or "total units" from equipment leased "from others"				
3) 15% of "gross receipts", "total miles", or "total units" from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below				
4) Total "gross receipts", "total miles", or "total units"				
TOTAL PREMIUM			\$	
MINIMUM %			MINIMUM PREMIUM	\$

Reporting Period: ____ Monthly ____ Quarterly ____ Annual

Premium Payment Basis: ____ Monthly ____ Quarterly ____ Annual

5. *NOTE - VERY IMPORTANT - 15% applies only if you have the following documents:

1. A written contract requiring the lessee to provide the primary insurance; and
2. A written hold harmless agreement from the lessee to your benefit; and
3. A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from an U.S. admitted insurance carrier with an A.M. Best rating of A-VII or better; and
4. An additional insured endorsement from the lessee insurance carrier issued to your benefit.

When used as a premium basis:

"Gross Receipts" means the total amount to which the Named Insured is entitled for the shipment or transportation of property during the policy period, whether the shipment originates with the Named Insured or other carrier. It shall include the total amount received from the rental of automobiles, with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "Gross Receipts" shall include only fifteen percent (15%) of the total amount received from such rental of automobiles. Such other carrier shall not be deemed to have provided primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Gross Receipts" does not include (1) the amount which the Named Insured pays to railroads, steamship lines, airlines and other interline connecting motor carriers operating under their own state or federal permits; or (2) direct taxes on the shipper which the Named Insured collects as a separate item and remits directly to a governmental division; or (3) C.O.D. collections for cost of merchandise including collection fees; or (4) warehouse storage charges; or (5) advertising revenue.

"Total Miles" means the mileage, live and dead, of all covered automobiles operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all mileage from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "total miles" shall include only fifteen percent (15%) of the "total miles" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Total Units" means the number of units operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all units from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carriers, "total units" shall include only fifteen percent (15%) of the "total units" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

When to Report

Your reports will be due by the 15th of the month following the end of a reporting period. Your report should include the last business day of each reporting period. For example, if you report monthly, your reports are due on the 15th day of the following month.

How We Will Adjust Your Premium

Premiums for the reporting period will be determined by the information you report and the rates and minimum premiums we have agreed to. After the ending date of your policy, we will have the right to audit your records to determine the actual premium we have earned. If our earned premium is less than what you have paid, we will return the difference. If it is more, you agree to pay us the balance. But you will not pay less than the Minimum Premium shown.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	08-01-2007
Comments:				
Attachment:	P&C Transmittal-Auto FF.pdf			
Satisfied -Name:	Filing Memorandum & Forms List	Review Status:	Approved	08-01-2007
Comments:				
Attachment:	Filing Memorandum & Forms List.pdf			
Satisfied -Name:	Highlighted Forms	Review Status:	Approved	08-01-2007
Comments:				
Attachments:	NA0021 6-2007 (HIGHLIGHTED).pdf			
	CA DC 14 6-2007 (HIGHLIGHTED).pdf			
	CA DC 21 6-2007 (HIGHLIGHTED).pdf			

Filing information (see General Instructions for descriptions of these fields)				
9.	Type of Insurance (TOI)			
10.	Sub-Type of Insurance (Sub-TOI)			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]			
12.	Company Program Title (Marketing title)			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14.	Effective Date(s) Requested	New:		Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**NATIONAL AMERICAN INSURANCE COMPANY
COMMERCIAL AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE**

FILING MEMORANDUM - FORMS

The Company is submitting new and revised endorsements applicable to commercial auto policies. The enclosed forms list provides further details regarding the details of the endorsements. These changes clarify coverage and have no bearing on the premium charged to the policyholders. No other changes are being proposed with this filing.

NATIONAL AMERICAN INSURANCE COMPANY
COMMERCIAL AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE
FORMS LIST

FORM NO.	TITLE	DESCRIPTION	R - RESTRICTS B - BROADENS C - CLARIFIES
NAICO-24 (Ed. 5/2007)	Policy Changes - Physical Damage Deductible	Optional endorsement amends the policy so that the physical damage deductible applies to fire and lightning.	C
NAICO-25 (Ed. 5/2007)	Additional Insured Endorsement	Optional endorsement used to add additional insureds to the extent that they are liable for the conduct of an "insured" arising out of the ownership, maintenance or use of a covered auto under the policy.	C
NAICO-27 (Ed. 6/2007)	Loss Payee	Optional endorsement for adding loss payees.	C
NA0021 (Ed. 6/2007)	Physical Damage Premium To Value Endorsement	Revision to NA0021 (Ed. 2/2006). The endorsement has been revised to add a place to show the selected reporting period. No other changes are being made to the form. Attached is a copy of the form with changes highlighted in yellow.	C
CA DC 14 (Ed. 6/2007)	Truckers Declarations	Revision to CADC14 (Ed. 3/2006). The declarations has been revised for clarification purposes. Attached is a copy of the form with changes highlighted in yellow.	C
CA DC 21 (Ed. 6/2007)	Motor Carrier Declarations	Revision to CADC21 (Ed. 3/2006). The declarations has been revised for clarification purposes. Attached is a copy of the form with changes highlighted in yellow.	C

NATIONAL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PHYSICAL DAMAGE
PREMIUM TO VALUE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

We agree that \$_____ is the total value of all your "autos". You may amend the total value by adding or deleting "autos" at any time, showing this change in value in your next report which is to be submitted on the fifteenth (15th) day of the following month. The total value of all of your scheduled "autos" should be determined at the close of the last business day of each month. Short term rentals less than thirty (30) days should be on a pro rata basis.

It is further agreed that the earned premium for this coverage will be computed monthly by applying a monthly rate of _____ per \$100.00 of value to the amount of values of all covered "autos" at the close of the last business day of each month.

We agreed that you will pay to us, upon delivery of the policy, the deposit amount as specified below. You will be given credit for the deposit when the full earned premium, during the life of the policy, is determined in accordance with the audit provisions of this policy.

DEPOSIT \$ _____

REPORTING PERIOD:

- ☐ Monthly
- ☐ Quarterly
- ☐ Annual

TRUCKERS DECLARATIONS**NATIONAL AMERICAN INSURANCE COMPANY****Policy No.**A Capital Stock Company
1010 Manvel Avenue
Chandler, Oklahoma 74834
1-800-822-7802**PREVIOUS POLICY NUMBER****ITEM ONE -****Named Insured and Mailing Address****Producer's Name and Mailing Address****Policy Period** From _____
mailing address shown above.

to

at 12:01 A. M. Standard Time at your

Form of Business:☐ Individual☐ Partnership☐ Corporation☐ Limited Liability Company☐ Other _____IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception: \$

AUDIT PERIOD (IF APPLICABLE)		ANNUALLY		SEMI-ANNUALLY		QUARTERLY		MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:**IL 0017 - Common Policy Conditions (IL 01 46 in Washington)****IL 0021 - Broad Form Nuclear Exclusion (Not Applicable in New York)**

COUNTERSIGNED _____
(Date)BY _____
(Authorized Representative)

POLICY NUMBER:**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
		PREMIUM FOR ENDORSEMENTS	\$
		*ESTIMATED TOTAL PREMIUM	\$

*This policy may be subject to final audit.

POLICY NUMBER:

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

DESCRIPTION		PURCHASED		TERRITORY	
Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number(S) Vehicle Identification Number (VIN)	Original Cost New	Actual Cost New (N) Or Used (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Covered Auto No.	CLASSIFICATION							Except For Towing All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.	
	Radius of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		Code
					Liab.	Phy. Dam.			

COVERAGES -PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROP. PROT. (Mich. Only)	
	Limit*	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$	\$		\$

Covered Auto No.	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Endorsement For Each Person	Premium
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium		\$		\$

Covered Auto No.	UNINSURED MOTORIST		UNDERINSURED MOTORISTS	
	Limit*	Premium	Limit*	Premium
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium		\$		\$

Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$		\$

*Split limits are presented in thousands of dollars.

POLICY NUMBER:

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR TRUCKING OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
\$		\$		\$
LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR TRUCKING OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is Primary)	PREMIUM
		\$	\$	\$
TOTAL PREMIUM				\$
LIABILITY COVERAGE - RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT - RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
		\$		\$
TOTAL PREMIUM				\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE - THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by a lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

POLICY NUMBER:

ITEM FIVE
SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number of Partners		\$
TOTAL PREMIUMS		\$

ITEM SIX
TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO	\$	\$
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION		\$	\$
TOTAL PREMIUM			\$

ITEM SEVEN
SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES OR TOTAL UNITS RATING BASIS - LIABILITY COVERAGE

GROSS RECEIPTS / TOTAL MILES / TOTAL UNITS BASIS			
	<input type="checkbox"/> Receipts <input type="checkbox"/> Miles <input type="checkbox"/> Units	Rate	Premium
1) Total "gross receipts" or "total miles" or "total units" from owned equipment			
2) Total "gross receipts" or "total miles" or "total units" from equipment leased "from others"			
3) 15% of "gross receipts" or "total miles" or "total units" from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below			
4) Total "gross receipts", "total miles", or "total units"			
TOTAL PREMIUM			\$
MINIMUM %			MINIMUM PREMIUM \$

Reporting Period: ☐ Monthly ☐ Quarterly ☐ Annual
Premium Payment Basis: ☐ Monthly ☐ Quarterly ☐ Annual

5. *NOTE - VERY IMPORTANT - 15% applies only if you have the following documents:

1. A written contract requiring the lessee to provide the primary insurance; and
2. A written hold harmless agreement from the lessee to your benefit; and
3. A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from a U.S. admitted insurance carrier with an A.M. Best rating of A-VII or better; and
4. An additional insured endorsement from the lessee insurance carrier issued to your benefit.

When used as a premium basis:

"Gross Receipts" means the total amount to which the Named Insured is entitled for the shipment or transportation of property during the policy period, whether the shipment originates with the Named Insured or other carrier. It shall include the total amount received from the rental of automobiles, with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "Gross Receipts" shall include only fifteen percent (15%) of the total amount received from such rental of automobiles. Such other carrier shall not be deemed to have provided primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. the lessee provides evidence of an additional insured endorsement issued for your benefit.

"Gross Receipts" does not include (1) the amount which the Named Insured pays to railroads, steamship lines, airlines and other interline connecting motor carriers operating under their own state or federal permits; or (2) direct taxes on the shipper which the Named Insured collects as a separate item and remits directly to a governmental division; or (3) C.O.D. collections for cost of merchandise including collection fees; or (4) warehouse storage charges; or (5) advertising revenue.

"Total Miles" means the mileage, live and dead, of all covered automobiles operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all mileage from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "total miles" shall include only fifteen percent (15%) of the "total miles" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Total Units" means the number of units operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all units from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carriers, "total units" shall include only fifteen percent (15%) of the "total units" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and

- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

When to Report

Your reports will be due by the 15th of the month following the end of a reporting period. Your report should include the last business day of each reporting period. For example, if you report monthly, your reports are due on the 15th day of the following month.

How We Will Adjust Your Premium

Premiums for the reporting period will be determined by the information you report and the rates and minimum premiums we have agreed to. After the ending date of your policy, we will have the right to audit your records to determine the actual premium we have earned. If our earned premium is less than what you have paid, we will return the difference. If it is more, you agree to pay us the balance. But you will not pay less than the Minimum Premium shown.

NATIONAL AMERICAN INSURANCE COMPANY
1010 Manvel Avenue, Chandler, Oklahoma 74834

MOTOR CARRIER DECLARATIONS

POLICY NO.:

PRODUCER:

PREVIOUS POLICY NO.:

ITEM ONE

NAMED INSURED AND MAILING ADDRESS:

POLICY PERIOD: From _____ to _____
at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS:

☐ **CORPORATION** ☐ **LIMITED LIABILITY COMPANY** ☐ **INDIVIDUAL**

☐ **PARTNERSHIP** ☐ **OTHER** _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception: \$

AUDIT PERIOD (IF APPLICABLE)	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 - Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 - Broad Form Nuclear Exclusion (Not Applicable in New York)

COUNTERSIGNED

BY

(Date)

(Authorized Representative)

ITEM TWO
SCHEDULE OF COVERAGES AND COVERED AUTOS

Policy Number:

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form next to the name of the coverage.**

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When Not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OR REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	
PREMIUM FOR ENDORSEMENTS			\$
*ESTIMATED TOTAL PREMIUM			\$

* This policy may be subject to final audit.

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION					PURCHASED		TERRITORY	
Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number(S) Vehicle Identification Number (VIN)					Original Cost New	Actual Cost New (N) Or Used (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
						\$	\$		
						\$	\$		
						\$	\$		
						\$	\$		
Covered Auto No.	CLASSIFICATION							Except For Towing All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.	
	Radius of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		
					Liab.	Phy. Dam.			
COVERAGES -PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)									
Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.		PROP. PROT. INS. (Mi Only)		
	Limit*	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium		
	\$	\$	\$	\$	\$	\$	\$		\$
	\$	\$	\$	\$	\$	\$	\$		\$
	\$	\$	\$	\$	\$	\$	\$		\$
	\$	\$	\$	\$	\$	\$	\$		\$
Total Premium		\$		\$	\$				\$
Covered Auto No.	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)						
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Benefits End. For Each Person			Premium			
	\$	\$	\$			\$			
	\$	\$	\$			\$			
	\$	\$	\$			\$			
	\$	\$	\$			\$			
Total Premium		\$				\$			
Covered Auto No.	UNINSURED MOTORIST				UNDERINSURED MOTORISTS				
	Limit*		Premium		Limit*		Premium		
	\$		\$		\$		\$		
	\$		\$		\$		\$		
	\$		\$		\$		\$		
	\$		\$		\$		\$		
Total Premium			\$				\$		
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR		
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	
Total Premium		\$		\$		\$		\$	

*Split limits are presented in thousands of dollars.

ITEM FOUR**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR MOTOR CARRIER OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
\$		\$		\$
LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liab. Cov. is Primary)	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$
LIABILITY COVERAGE - RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT - RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
	\$			\$
TOTAL PREMIUM				\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE
SCHEDULE FOR NON-OWNERSHIP LIABILITY

POLICY NUMBER:

RATING BASIS	NUMBER	PREMIUM
Number of Employees		\$
Number of Partners		\$
TOTAL PREMIUM		\$

ITEM SIX
TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO	\$	\$
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION		\$	\$
TOTAL PREMIUM			\$

ITEM SEVEN
SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES OR TOTAL UNITS RATING BASIS - LIABILITY COVERAGE

GROSS RECEIPTS / TOTAL MILES / TOTAL UNITS BASIS				
	<input type="checkbox"/> Receipts <input type="checkbox"/> Miles <input type="checkbox"/> Units	Rate	Premium	
1) Total "gross receipts", "total miles", or "total units" from owned equipment				
2) Total "gross receipts", "total miles", or "total units" from equipment leased "from others"				
3) 15% of "gross receipts", "total miles", or "total units" from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below				
4) Total "gross receipts", "total miles", or "total units"				
TOTAL PREMIUM			\$	
MINIMUM %			MINIMUM PREMIUM	\$

Reporting Period: ☐ Monthly ☐ Quarterly ☐ Annual

Premium Payment Basis: ☐ Monthly ☐ Quarterly ☐ Annual

5. *NOTE - VERY IMPORTANT - 15% applies only if you have the following documents:

1. A written contract requiring the lessee to provide the primary insurance; and
2. A written hold harmless agreement from the lessee to your benefit; and
3. A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from an U.S. admitted insurance carrier with an A.M. Best rating of A-VII or better; and
4. An additional insured endorsement from the lessee insurance carrier issued to your benefit.

When used as a premium basis:

"Gross Receipts" means the total amount to which the Named Insured is entitled for the shipment or transportation of property during the policy period, whether the shipment originates with the Named Insured or other carrier. It shall include the total amount received from the rental of automobiles, with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "Gross Receipts" shall include only fifteen percent (15%) of the total amount received from such rental of automobiles. Such other carrier shall not be deemed to have provided primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Gross Receipts" does not include (1) the amount which the Named Insured pays to railroads, steamship lines, airlines and other interline connecting motor carriers operating under their own state or federal permits; or (2) direct taxes on the shipper which the Named Insured collects as a separate item and remits directly to a governmental division; or (3) C.O.D. collections for cost of merchandise including collection fees; or (4) warehouse storage charges; or (5) advertising revenue.

"Total Miles" means the mileage, live and dead, of all covered automobiles operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all mileage from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "total miles" shall include only fifteen percent (15%) of the "total miles" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Total Units" means the number of units operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all units from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carriers, "total units" shall include only fifteen percent (15%) of the "total units" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

When to Report

Your reports will be due by the 15th of the month following the end of a reporting period. Your report should include the last business day of each reporting period. For example, if you report monthly, your reports are due on the 15th day of the following month.

How We Will Adjust Your Premium

Premiums for the reporting period will be determined by the information you report and the rates and minimum premiums we have agreed to. After the ending date of your policy, we will have the right to audit your records to determine the actual premium we have earned. If our earned premium is less than what you have paid, we will return the difference. If it is more, you agree to pay us the balance. But you will not pay less than the Minimum Premium shown.